ADULT
INITIAL ASSESSMENT

Admit Date: _____

I. Demographic Data & Special Service Needs:

Age: _____ **Gender:** _____ **Ethnicity:** _____ **Marital Status:** _____

Referral Source: _____

☐ Non-English Speaking, specify language needs: _____

Were Interpretive Services provided for this interview? ☐ Yes ☐ No

☐ Cultural Considerations, specify: _____

☐ Physically challenged (wheelchair, hearing, visual, etc.) specify: _____

☐ Access issues (transportation, hours), specify: _____

II. Reason for Referral/Chief Complaint

Describe precipitating event(s), current symptoms and impairments in life functioning, including intensity and duration, from the perspective of the client as well as significant others:

III. Psychiatric History:

A. Hospitalizations [date(s) & location(s)]. **Outpatient treatment** [date(s) & location(s)]. History and onset of current symptoms/manifestations/precipitating events (i.e., aggressive behaviors, suicidal, homicidal, access to lethal means). Treated & non-treated history.

B. Describe the **impact of treatment and non-treatment history** on the client's level of functioning, e.g., ability to maintain residence, daily living and social activities, health care, and/or employment.

C. Family history of mental illness

Name: _____ **IS#:** _____

Agency: _____ **Provider #:** _____

Los Angeles County – Department of Mental Health

ADULT INITIAL ASSESSMENT

IV. Medical History

MD Name: _____ **MD Phone:** _____ **Date of Last Physical Exam:** _____

Major medical problem (treated or untreated) (Indicate problems with check: Y or N for client, Fam for family history.)

Fam	Y	N		Fam	Y	N		Fam	Y	N		Fam	Y	N	
☐	☐	☐	Seizure/neuro disorder	☐	☐	☐	Cardiovascular disease/symp	☐	☐	☐	Liver disease		☐	☐	Diarrhea
	☐	☐	Head trauma	☐	☐	☐	Thyroid disease/symp	☐	☐	☐	Renal disease/symp	☐	☐	☐	Cancer
	☐	☐	Sleep disorder	☐	☐	☐	Asthma/lung disease	☐	☐	☐	Hypertension		☐	☐	Sexual dysfunction
	☐	☐	Weight/appetite chg	☐	☐	☐	Blood disorder	☐	☐	☐	Diabetes		☐	☐	Sexually trans disease

☐ ☐ ☐ Allergies (If Yes, specify): _____

☐ ☐ Sensory/Motor Impairment (If Yes, specify): _____

☐ ☐ Pap smear If yes, date: _____ ☐ ☐ Mammogram If yes, date: _____ ☐ ☐ HIV Test If yes, date: _____ ☐ ☐ Pregnant If yes, due date: _____

Comments on above medical problems, other medical problems, and any hospitalizations, including dates and reasons.

V. Medications

List "all" past and present medications used, prescribed/non-prescribed, psychotropic, by name, dosage, frequency. Indicate from client's perspective what seems to be working and not working.

Medication	Dosage/Frequency	Period Taken	Effectiveness/Response/Side Effects/Reactions

VI. Substance Use/Abuse

"MH659 -Co-Occurring Joint Action Council Screening Instrument"

1. Were any of the questions checked "Yes" in Section 2 "Alcohol & Drug Use"? ☐ Yes* ☐ No **If yes, complete MH633**
2. Were any of the questions checked "Yes" in Section 3 "Trauma/Domestic Violence"? ☐ Yes ☐ No **If yes, answer 2a**

2a. Was the Trauma or Domestic Violence related to substance use? ☐ Yes* ☐ No **If yes, complete MH633**

Be sure to document re: Trauma or Domestic Violence in Part A of "Psychosocial History" on page 3 of the Initial Assessment.

How is Mental Health impacted by substance use (Clinician's Perspective)? Must be completed if any services will be directed towards Substance Use/Abuse.

* MH 633 "Supplemental Co-Occurring Disorders Assessment" completed on: _____

Name: _____ **IS#:** _____

Agency: _____ **Provider #:** _____

Los Angeles County – Department of Mental Health

VII. Psychosocial History

Please state specifically how Mental Health status directly impacts each area below; Be sure to include the client's strengths in each area.

A. Family & Relationships: Family constellation, family of origin and current family, family dynamics, cultural factors, nature of relationships, domestic violence, physical or sexual abuse, home safety issues (i.e., the presence of firearms.)

B. Dependent Care Issues: #____ of Adults, #____dependent children, age(s) of child(ren), school attendance/behavior problems learning problems, special need(s), including physical impairments, discipline issues, juvenile court history, dependent care needs; any unattended needs of children, child support, child custody, and guardianship issues, foster care/group home placement.

C. Current Living Arrangement & Social Support Systems: Type of setting and associated problems, support from community, religious, government agencies, and other sources (i.e., Section 8 Housing, SRO, Board and Care, Semi-independent, family and transitional living, etc.)

D. Education: Highest grade level completed, educational goals. Skill level: literacy level, vocabulary, general knowledge, math skills, school problems, motivation.

E. Employment History/Employment Readiness/Means of Financial Support: Longest period of employment, employment history, military service, work related problems, money management, source of income. Areas of strength.

F. Legal History and Current Legal Status: Parole, probation, arrests, convictions, divorce, child custody, conservatorship

Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

VIII. Mental Status Evaluation

Length of current treatment: _____ **Is this part of a 5150?** ☐ Yes ☐ No **Medication:** ☐ Yes ☐ No **Client is:** ☐ Stable ☐ Unstable

Instructions: Check all descriptions that apply

General Description

Grooming & Hygiene: ☐ Well Groomed
☐ Average ☐ Dirty ☐ Odorous ☐Disheveled
☐ Bizarre
Comments:

Eye Contact: ☐ Normal for culture
☐ Little ☐ Avoids ☐ Erratic
Comments:

Motor Activity: ☐ Calm ☐ Restless
☐ Agitated ☐ Tremors/Tics ☐ Posturing ☐ Rigid
☐ Retarded ☐ Akathesis ☐ E.P.S.
Comments:

Speech: ☐ Unimpaired ☐ Soft
☐ Slowed ☐ Mute ☐ Pressured ☐ Loud
☐ Excessive ☐ Slurred ☐ Incoherent
☐ Poverty of Content
Comments:

Interactional Style: ☐ Culturally congruent
☐Cooperative ☐ Sensitive
☐ Guarded/Suspicious ☐ Overly Dramatic
☐ Negative ☐ Silly
Comments:

Orientation: ☐ Oriented
☐ Disoriented to:
☐ Time ☐ Place ☐ Person ☐ Situation
Comments:

Intellectual Functioning: ☐ Unimpaired
☐ Impaired
Comments:

Memory: ☐ Unimpaired
☐ Impaired re: ☐ Immediate ☐ Remote ☐ Recent
☐ Amnesia
Comments:

Fund of Knowledge: ☐ Average
☐ Below Average ☐ Above Average
Comments:

Mood and Affect

Mood: ☐ Euthymic ☐ Dysphoric ☐ Tearful
☐ Irritable ☐Lack of Pleasure
☐ Hopeless/Worthless ☐ Anxious
☐ Known Stressor ☐ Unknown Stressor
Comments:

Affect: ☐ Appropriate ☐ Labile ☐ Expansive
☐ Constricted ☐ Blunted ☐ Flat ☐ Sad
☐ Worried
Comments:

Perceptual Disturbance

☐ None Apparent

Hallucinations: ☐ Visual ☐ Olafactory
☐ Tactile ☐ Auditory: ☐ Command
☐ Persecutory ☐ Other
Comments:

Self-Perceptions: ☐ Depersonalizations
☐ Ideas of Reference
Comments:

Thought Process Disturbances

☐ None Apparent

Associations: ☐ Unimpaired ☐ Loose
☐ Tangential ☐ Circumstantial ☐ Confabulous
☐ Flight of Ideas ☐ Word Salad
Comments:

Concentration: ☐ Intact ☐ Impaired by:
☐ Rumination ☐ Thought Blocking
☐ Clouding of Consciousness ☐ Fragmented
Comments:

Abstractions: ☐ Intact ☐ Concrete
Comments:

Judgments: ☐ Intact
☐ Impaired re: ☐ Minimum ☐ Moderate ☐ Severe
Comments:

Insight: ☐ Adequate
☐ Impaired re: ☐ Minimum ☐ Moderate ☐ Severe
Comments:

Serial 7's: ☐ Intact ☐ Poor
Comments:

Thought Content Disturbance

☐ None Apparent

Delusions: ☐ Persecutory ☐ Paranoid ☐ Grandiose
☐ Somatic ☐ Religious ☐ Nihilistic
☐ Being Controlled
Comments:

Ideations: ☐ Bizarre ☐ Phobic ☐ Suspicious
☐ Obsessive ☐ Blames Others ☐ Persecutory
☐ Assaultive Ideas ☐ Magical Thinking
☐ Irrational/Excessive Worry
☐ Sexual Preoccupation
☐ Excessive/Inappropriate Religiosity
☐ Excessive/Inappropriate Guilt
Comments:

Behavioral Disturbances: ☐ None ☐ Aggressive
☐ Uncooperative ☐ Demanding ☐ Demeaning
☐ Belligerent ☐ Violent ☐ Destructive
☐ Self-Destructive ☐ Poor Impulse Control
☐ Excessive/Inappropriate Display of Anger
☐ Manipulative ☐ Antisocial
Comments:

Suicidal/Homicidal: ☐ Denies Ideation Only
☐ Threatening ☐ Plan ☐ Past Attempts
☐ Access to Lethal Means
Comments:

Passive: ☐ Amotivational ☐ Apathetic
☐ Isolated ☐ Withdrawn ☐ Evasive ☐ Dependent
Comments:

Other: ☐ Disorganized ☐ Bizarre
☐ Obsessive/compulsive ☐ Ritualistic
☐ Excessive/Inappropriate Crying
Comments:

Name: _____ **IS#:** _____

Agency: _____ **Provider #:** _____

Los Angeles County – Department of Mental Health

ADULT INITIAL ASSESSMENT

IX. Summary and Diagnosis

I. Diagnostic Summary: (Be sure to include assessment for risk of suicidal/homicidal behaviors, significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning, i.e., Work, School, Home, Community, Living Arrangements, etc, and justification for diagnosis)

II. Admission Diagnosis (check one Principle and one Secondary)

Axis I ☐ Prin ☐ Sec Code _____ Nomenclature _____

(Medications cannot be prescribed with a deferred diagnosis)

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis II ☐ Prin ☐ Sec Code _____ Nomenclature _____

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis III _____ Code _____

_____ Code _____

_____ Code _____

Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

Primary Problem #: ___

Check as many that apply:

1. ☐ Primary support group
2. ☐ Social environment
3. ☐ Educational
4. ☐ Occupational
5. ☐ Housing
6. ☐ Economics
7. ☐ Access to health care
8. ☐ Interaction with legal system
9. ☐ Other psychosocial/environmental
10. ☐ Inadequate information

Axis V Current GAF: _____ DMH Dual Diagnosis Code: _____

Above diagnosis from: _____ Dated: _____

III. Disposition/Recommendations/Plan

IV. Signatures

_____ _____ _____ _____

Assessor's Signature & Discipline | Date | Co-Signature & Discipline | Date

Name: _____ **IS#:** _____

Agency: _____ **Provider #:** _____

Los Angeles County – Department of Mental Health